National Flood Insurance Program

FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION

	O.M.B. No. 1660-0006	Expires July 31, 2006
□ NEW	CURRENT POLICY FL	NUMBER
	IF NEW, LEAVE BL	ANK

DIRECT BILL INSTRUCTIONS: BILL												
AGENT INFORMATION					NAME, TELEPHONE NUMBER AND MAILING ADDRESS OF INSURED: N S							
DISASTER	IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? Y YES NO NO IF YES, CHECK THE GOVERNMENT AGENCY: SBA FHA OTHER (PLEASE SPECIFY) FEMA HHS CASE FILE NUMBER NAME TELEPHONE NO. EAV NO. AND ADDRESS OF FIRST MORTGAGES INCLUDING				IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME, TELEPHONE NO., FAX NO., AND ADDRESS. C O							
FIRST				NAME OF COUNTY/PARISHLOCATED IN AI UNINCORPORATED AREA OF THE COUNTY? YES NO								
PROPERTY	IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS? Y YES PROPERTY LOCATION. (DO NOT USE P.O. BOX)			COMMUNITY NUMBER AND SUFFIX FOR LOCATION OF PROPERTY INSURED M								
BUILDING	BUILDING OCCUPANCY BUILDING TYPE (INCLUDING BASEMENT/ENCLOSURE) ONE FLOOR SPLIT LEVEL TWO FLOORS THREE OR MORE FLOORS MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION CONSTRUCTION BUILDING: CONDO UNIT N			IS BUILDING INSURED'S PRINCIPAL RESIDENCE? Y YES N NO PURCHASE/ASSIGNMENT OF BUILDING (MM/DD/YY) ESTIMATED REPLACEMENT COST MAKE , MODEL AND SERIAL NUMBER OF MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER:								
	FAILURE TO ANSWER THE FOLLOWING QUESTIONS PROPERLY COULD RESULT IN VOID, CONTRACT! THE FOLLOWING CONDITIONS SHOULD BE USED TO DETERMINE A BUILDIN ELGIBILITY FOR A PRP BASED ON ITS FLOOD LOSS HISTORY. A) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURENCES, EXIST?			OF		BUILDING/ CONTENTS	WITH	UM INCLUDING AND ICC I BASEMENT/ CLOSURE		MENT/		
NOTICE	2 LOSS PAYMENTS, EACH 3 OR MORE LOSS PAYME 2 FEDERAL DISASTER RE 3 FEDERAL DISASTER RE 1 FLOOD INSURANCE CL (INCLUDING LOANS AN	H MORE THAN \$1,000 Y Y ENTS, REGARDLESS OF AMOUNT ELIEF PAYMENTS, EACH MORE THAN \$1,000 Y YI ELIEF PAYMENTS, REGARDLESS OF AMOUNT Y YE AIM PAYMENT AND 1 FLOOD DISASTER RELIEF PAYMENT ID GRANTS), EACH MORE THAN \$1,000.	ES NES NES NES NES NES NES NES NES NES N	NO NO NO	P R E M I U M	\$ 20,000 / \$ 5,000 \$ 30,000 / \$ 8,000 \$ 50,000 / \$ 12,000 \$ 75,000 / \$ 18,000 \$ 100,000 / \$ 25,000 \$ 125,000 / \$ 30,000 \$ 150,000 / \$ 38,000 \$ 200,000 / \$ 50,000 \$ 250,000 / \$ 60,000	A B C D E F G H	\$162 \$204 \$231 \$262 \$278 \$293	J K L M N O P Q	\$111 \$137 \$179 \$206 \$232 \$248 \$263 \$295 \$316		
	MAP, OR ON A FLOOD INS AR DUAL ZONES AR/AE, A	ED IN A SPECIAL FLOOD HAZARID AREA ON A FLOOD HAZARI SURANCE RATE MAP ZONE A, AE, A1-A30, AO, AH, A99, V, VE, AR/AH, AR/AO, AR/A1-A30, AR/A? VINDER THIS APPLICATION ONLY IF THE ANSWERS TO THESE QUEST	V1-V30, ES N	AR, NO		COVERAGE COMBINATION BLDG. DEDUCT. \$500 * DEDUCT \$6.00 IF TOWADD PROBAT	CONTS. NHOUSI	DEDUCT. \$500	RATE TABL CONDOMINIU	E TYPE: 7		
SIGNATURE	TI SIGNATURE OF INSURA	(ONE BUILDING PER POLICY - HE ABOVE STATEMENTS ARE CORRECT TO THE BEST O THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE E NCE AGENT/BROKER	F MY K	NOWLE	OGE	. THE PROPERTY OWNE		DERAL LAW.		(OVER)		

National Flood Insurance Program

FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION

□ NEW	CURRENT POLICY NUMBER FL
_ nenewie	IF NEW. LEAVE BLANK

O.M.B. No. 1660-0006 Expires July 31, 2006

E M	DIRECT BILL INSTRUCTIONS	i:	WAITING PERIOD: ☐ STANDARD 30-DAY ☐ LOAN-NO WAITING									
POLICY TERM	INSURED F	BILL BILL BILL BILL POLICY PERIOD IS FROM TO TO MORTGAGEE MORTGAGEE PAYEE DICT PERIOD IS FROM TO										
ADDRESS, TELEPHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:					NAME, TELEPHONE NUMBER AND MAILING ADDRESS OF INSURED:							
ARONA CONTRACTOR OF THE CONTRA												
AGENT INFORMATION	AGENCY NO.:	MS AS I L	INSURE	ED'S	SOCIAL SECURITY NUMBE	ER						
NCE NCE	IS INSURANCE REQUIRED F	OR DISASTER ASSISTANCE? Y YES NO NO	IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME, TELEPHONE NO., FAX NO., AND ADDRESS.									
STAN	SBA					2ND MORTGAGEE □ D	ISASTER	AGENCY, SPECI	FY			
ASSI	FEMA HHS				□ l	LOSS PAYEE	OTHER,	PLEASE SPECIF	Υ			
		NUMBER	OT RH TE									
ш	NAME, TELEPHONE NO., FAX NO., AND ADDRESS OF FIRST MORTGAGEE INCLUDING LOAN NUMBER:											
FIRST RTGAGEE				E LOAN NUMBER								
Θ						COUNTY/PARISH				TED IN AN		
	LOAN NUMBER			UNINCORPORATED AREA OF THE COUNTY? Y YES N NO								
	IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS? Y YES NO IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE			COMMUNITY NUMBER AND SUFFIX FOR LOCATION OF PROPERTY INSURED FLOOD INSURANCE RATE MAP ZONE								
AER OR	Y YES N NO PROPERTY LOCATION. (DO	IF NO, ENTER PROPERTY ADDRESS. IF RURAL,DESCRIBE NOT USE P.O. BOX)	N INFORMATION SOURCE:									
LONG COMP				Y ☐ COMMUNITY OFFICIAL ☐ FLOOD MAP ☐ MORTGAGEE ☐ OTHER, SPECIFY								
	BUILDING OCCUPANCY	BUILDING TYPE (INCLUDING BASEMENT/ENCLOSURE)	IS B	BUILDING	ins	SURED'S PRINCIPAL RESID	ENCE?	MAKE , MODE	EL AND SERIAL	. NUMBER		
BUILDING	☐ SINGLE FAMILY ☐ 2-4 FAMILY	□ ONE FLOOR □ SPLIT LEVEL □ TWO FLOORS □ THREE OR MORE FLOORS □ MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER	PURCHASE/ASSIGNMENT OF BUILDING (MM/DD/YY) OF MANUFACTURED (MOBI HOME/TRAVEL TRAILER:					LE)				
B	CONSTRUCTION	ON FOUNDATION IS BUILDING: CONDO UNIT Y N		ESTIMATED REPLACEMENT COST								
	FAILURE TO ANSWER THE	TOWNHOUSE/ROWHOUSE CONDO UNIT FOLLOWING QUESTIONS PROPERLY COULD RESULT IN VOID.	_				PREMI	UM INCLUDING	FEDERAL POL	ICY FEE		
		NG CONDITIONS SHOULD BE USED TO DETERMINE A BUILDIN SED ON ITS FLOOD LOSS HISTORY.	G'S			BUILDING/		AND ICC PREMIUM* TH BASEMENT/ W/O BASEMEN'				
	A) DO ANY OF THESE COND 2 LOSS PAYMENTS, EACH	OITIONS, ARISING FROM ONE OR MORE OCCURENCES, EXIST? H MORE THAN \$1.000		NO	P	\$ 20,000 / \$ 5,000	EN(CLOSURE \$136	ENCLOS	\$111		
		NTS, REGARDLESS OF AMOUNT Y YES			R E M	\$ 30,000 / \$ 8,000 \$ 50,000 / \$ 12,000	B	\$162 \$204	K	\$137 \$179		
NOTICE		ELIEF PAYMENTS, EACH MORE THAN \$1,000 YES ELIEF PAYMENTS, REGARDLESS OF AMOUNT YES			U M	\$ 75,000 / \$ 18,000 \$100,000 / \$ 25,000	D E F	\$231 \$262	M N	\$206 \$232		
9	1 FLOOD INSURANCE CL	AIM PAYMENT AND 1 FLOOD DISASTER RELIEF PAYMENT ID GRANTS), EACH MORE THAN \$1,000.	_			\$125,000 / \$ 30,000 \$150,000 / \$ 38,000 \$200,000 / \$ 50,000 \$250,000 / \$ 60,000	F G H	\$278 \$293 \$330 \$351	O P Q R	\$248 \$263 \$295 \$316		
		ED IN A SPECIAL FLOOD HAZARD AREA ON A FLOOD HAZARD E SURANCE RATE MAP ZONE A, AE, A1-A30, AO, AH, A99, V, VE, V		AR,		COVERAGE COMBINATION BLDG. DEDUCT. \$500	CONTS.	E: NO OTHER COI DEDUCT. \$500	MBINATIONS AV RATE TABL	AILABLE) E TYPE: 7		
	AR DUAL ZONES AR/AE, A	AR/AH, AR/AO, AR/A1-A30, AR/A?				* DEDUCT \$6.00 IF TOW			UNINIUUUVIU	W UNII;		
		NH/AH, AH/AO, AH/A1-A3U, AH/A?	VS ARE	NO.		ADD PROBAT	ION SUR	CHARGE, IF AF	PPLICABLE.	Ĺ		
JE .	INSURANCE IS AVAILABLE U	(ONE BUILDING PER POLICY - BL	_ANKET	T COVEF		E NOT PERMITTED)						
SIGNATURE	INSURANCE IS AVAILABLE U	INDER THIS APPLICATION ONLY IF THE ANSWERS TO THESE QUESTION	ANKET	T COVEF	OGE.	NOT PERMITTED) THE PROPERTY OWNE	ER AND I	UNDERSTAND				

National Flood Insurance Program

FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION

	O.M.B. No. 1660-0006	Expires July 31, 2006
□ NEW □ RENEWAL	CURRENT POLICY FL IF NEW, LEAVE BL	

E M	DIRECT BILL INSTRUCTIONS:			WAITING PERIOD: ☐ STANDARD 30-DAY ☐ LOAN-NO WAITING								
DIRECT BILL INSTRUCTIONS: BILL												
MATION	ADDRESS, TELEPHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:				NAME, TELEPHONE NUMBER AND MAILING ADDRESS OF INSURED:							
ANORM ————————————————————————————————————												
AGENT INFORMATION	AGENCY NO.: AGENT'S TAX ID T OR SSN S					SOCIAL SECURITY NUMBE	ER					
NCE	IS INSURANCE REQUIRED FOR	OR DISASTER ASSISTANCE? Y YES N NO	IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME, TELEPHONE NO., FAX NO., AND ADDRESS.									
STAN	SBA					2ND MORTGAGEE □ D	ISASTER	AGENCY, SPECI	FY			
ASSI	FEMA HHS				□ l	LOSS PAYEE	OTHER,	PLEASE SPECIF	Y			
		NUMBER	OT RH TE									
ш	NAME, TELEPHONE NO., FAX NO., AND ADDRESS OF FIRST MORTGAGEE INCLUDING LOAN NUMBER:											
FIRST RTGAGEE				E LOAN NUMBER								
MOM						COUNTY/PARISH				TED IN AN		
	LOAN NUMBER			UNINCORPORATED AREA OF THE COUNTY? Y YES N NO								
	IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS?			COMMUNITY NUMBER AND SUFFIX FOR LOCATION OF PROPERTY INSURED FLOOD INSURANCE RATE MAP ZONE								
AERT ON ON	Y YES N NO PROPERTY LOCATION. (DO	IF NO, ENTER PROPERTY ADDRESS. IF RURAL,DESCRIBE NOT USE P.O. BOX)	N INFORMATION SOURCE:									
LOCO				Y ☐ COMMUNITY OFFICIAL ☐ FLOOD MAP ☐ MORTGAGEE ☐ OTHER, SPECIFY								
	BUILDING OCCUPANCY	BUILDING TYPE (INCLUDING BASEMENT/ENCLOSURE)	IS E	BUILDING	ins	SURED'S PRINCIPAL RESID	ENCE?	MAKE , MODE	EL AND SERIAL	. NUMBER		
BUILDING	☐ SINGLE FAMILY ☐ 2-4 FAMILY	☐ ONE FLOOR ☐ SPLIT LEVEL ☐ TWO FLOORS ☐ THREE OR MORE FLOORS ☐ MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER	PUF	Y YES NO OF MANUFACTURED (MOBILE) PURCHASE/ASSIGNMENT OF BUILDING HOME/TRAVEL TRAILER:								
B	CONSTRUCTION	ON FOUNDATION IS BUILDING: CONDO UNIT Y N		(MM/DD/YY) ESTIMATED REPLACEMENT COST								
	DATE	TOWNHOUSE/ROWHOUSE CONDO UNIT FOLLOWING QUESTIONS PROPERLY COULD RESULT IN VOID					DDEMI	LIM INCLUDING	EEDERAL DOL	ICV EEE		
	CONTRACT! THE FOLLOWI	NG CONDITIONS SHOULD BE USED TO DETERMINE A BUILDIN SED ON ITS FLOOD LOSS HISTORY.				BUILDING/ CONTENTS		EMIUM INCLUDING FEDERAL POLICY FEE AND ICC PREMIUM* TH BASEMENT/ W/O BASEMENT/				
	A) DO ANY OF THESE COND 2 LOSS PAYMENTS, EACH	OITIONS, ARISING FROM ONE OR MORE OCCURENCES, EXIST?		NO	P	₾ 00 000 / ₾ E 000		CLOSURE	ENCLOS			
		ENTS, REGARDLESS OF AMOUNT Yes		-	R E M	\$ 20,000 / \$ 5,000 \$ 30,000 / \$ 8,000 \$ 50,000 / \$ 12,000	A B C	\$136 \$162 \$204	K L	\$111 \$137 \$179		
NOTICE		ELIEF PAYMENTS, EACH MORE THAN \$1,000 Y YES ELIEF PAYMENTS, REGARDLESS OF AMOUNT Y YES			U	\$ 75,000 / \$ 18,000 \$ 100.000 / \$ 25,000	D	\$231 \$262	M	\$206 \$232		
<u> </u>	1 FLOOD INSURANCE CL	AIM PAYMENT AND 1 FLOOD DISASTER RELIEF PAYMENT	_		IVI	\$125,000 / \$ 30,000 \$150,000 / \$ 38,000	E F	\$278 \$293	O P	\$248 \$263		
	,	ID GRANTS), EACH MORE THAN \$1,000. LY YES ED IN A SPECIAL FLOOD HAZARD AREA ON A FLOOD HAZARD B				\$200,000 / \$ 50,000 \$250,000 / \$ 60,000	H	\$330 \$351	Q R	\$295 \$316		
	MAP, OR ON A FLOOD INS	SURANCE RATE MAP ZONE A, AE, A1-A30, AO, AH, A99, V, VE, V AR/AH, AR/AO, AR/A1-A30, AR/A?	1-V3 <u>0,</u>	AR,		COVERAGE COMBINATION BLDG. DEDUCT. \$500	CONTS.	DEDUCT. \$500	RATE TABL	E TYPE: 7		
		UNDER THIS APPLICATION ONLY IF THE ANSWERS TO THESE QUESTION	NS ARE	NO.		* DEDUCT \$6.00 IF TOW ADD PROBAT		CHARGE, IF AF		IVI UIVI1;		
끭		(ONE BUILDING PER POLICY - BI				,						
SIGNATURE	TI	HE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY										
SIG	SIGNATURE OF INSURA	NCE AGENT/BROKER					DATE	(MM/DD/	YY)	(OVER)		

National Flood Insurance Program

FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION

☐ NEW ☐ RENEWAL	CURRENT POLICY NUMBER FL
	IF NEW. LEAVE BLANK

O.M.B. No. 1660-0006 Expires July 31, 2006

TERM	DIRECT BILL INSTRUCTIONS	3:	WAITING PERIOD: ☐ STANDARD 30-DAY ☐ LOAN-NO WAITING								
ĭ, TE	☐ BILL ☐ E INSURED F	BILL BILL BILL BILL FIRST SECOND LOSS OTHER	POLICY PERIOD IS FROM TO								
POLICY	MORTGAGEE MORTGAGEE PAYEE				CAL TI	ME AT THE INSURED PROPERT	TY LOCATIO	N			
						EPHONE NUMBER AND MA	AII ING AD	DRESS OF INSU	RED:		
NO.	INSURANCE AGENT OR BRO		I N S	NAME, TELEPHONE NUMBER AND MAILING ADDRESS OF INSURED:							
-MA											
PFO			DR	₹							
AGENT INFORMATION	AGENCY NO.:		MS								
AGE	AGENCY NO.: AGENT'S TAX ID T OR SSN S				ED'S	SOCIAL SECURITY NUMBI	ER				
	IS INSURANCE REQUIRED F	OR DISASTER ASSISTANCE? Y YES N NO	-			MORTGAGEE, LOSS PAYE OMPLETED, INCLUDING T					
ES E	IF YES, CHECK THE GOVER!	NMENT AGENCY:	S E C	ADDRE	ESS.						
SAS	☐ SBA ☐ FHA ☐ OTHER (PLEASE SPECIFY)					2ND MORTGAGEE D		,			
ASS	☐ FEMA ☐ F		M C		⊔ι	LOSS PAYEE	OTHER,	PLEASE SPECIF	Y		
	CASE FILE NUMBER										
	NAME, TELEPHONE NO., FAX NO., AND ADDRESS OF FIRST MORTGAGEE INCLUDING LOAN NUMBER:										
GEE											
A A A					NUM	BER			_		
MOR				NAME	OF C	COUNTY/PARISH			LOC	ATED IN AN	
	LOAN NUMBER			UNINCORPORATED AREA OF THE COUNTY? Y YES N NO							
	IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS?			C O C O C C O C C C C C C C C C C C C C							
≥z	Y YES N NO	IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE	M			FLOOD I	NSURANO	E RATE MAP ZO	ONE		
뚩	PROPERTY LOCATION. (DO	NOT USE P.O. BOX)	1.1	N INFORMATION SOURCE:							
2 9			- Ý	Ý ☐ COMMUNITY OFFICIAL ☐ FLOOD MAP ☐ MORTGAGEE ☐ OTHER, SPECIFY							
					nen,	, SFEOIFT					
	BUILDING OCCUPANCY	BUILDING TYPE (INCLUDING BASEMENT/ENCLOSURE) ☐ ONE FLOOR ☐ SPLIT LEVEL	IS E	BUILDING		GURED'S PRINCIPAL RESIDE	ENCE?	MAKE , MODE			
SING	SINGLE FAMILY	☐ TWO FLOORS ☐ THREE OR MORE FLOORS	PURCHASE/ASSIGNMENT OF BUILDING (MM/DD/YY) OF MANUFACTURED (MOBIL HOME/TRAVEL TRAILER:						SILE)		
BUILDING	2-4 FAMILY	☐ MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION									
Ш	CONSTRUCTION DATE	IS BUILDING: CONDO UNIT Y N TOWNHOUSE/ROWHOUSE CONDO UNIT Y				CEMENT COST					
	FAILURE TO ANSWER THE	FOLLOWING QUESTIONS PROPERLY COULD RESULT IN VOI	ANCE				PREMI	UM INCLUDING		LICY FEE	
		NG CONDITIONS SHOULD BE USED TO DETERMINE A BUILDI SED ON ITS FLOOD LOSS HISTORY.	NG'S			BUILDING/ CONTENTS	WITH	AND ICC F BASEMENT/	PREMIUM* W/O BAS	EMENT/	
	, i	DITIONS, ARISING FROM ONE OR MORE OCCURENCES, EXIST H MORE THAN \$1,000	_	NO.	P	# 00 000 / # 5 000	_	CLOSURE	ENCLO		
	2 LOSS PAYMENTS, EACH 3 OR MORE LOSS PAYME	ENTS, REGARDLESS OF AMOUNT			R	\$ 20,000 / \$ 5,000 \$ 30,000 / \$ 8,000	A B	\$162	J K	\$111 \$137	
삥	2 FEDERAL DISASTER RE	ELIEF PAYMENTS, EACH MORE THAN \$1,000		-	M I U	\$ 50,000 / \$ 12,000 \$ 75,000 / \$ 18,000	C D		L M	\$179 \$206	
NOTICE	3 FEDERAL DISASTER RE	ELIEF PAYMENTS, REGARDLESS OF AMOUNT	N	NO	М	\$100,000 / \$ 25,000 \$125,000 / \$ 30,000	E F	\$262 \$278	N O	\$232 \$248	
		AIM PAYMENT AND 1 FLOOD DISASTER RELIEF PAYMENT ID GRANTS), EACH MORE THAN \$1,000.	s N	NO		\$150,000 / \$ 38,000 \$200,000 / \$ 50,000	G H	\$330	P Q	\$263 \$295	
	*	ED IN A SPECIAL FLOOD HAZARD AREA ON A FLOOD HAZARD				\$250,000 / \$ 60,000 COVERAGE COMBINATION	ONS (NOT	F: NO OTHER COL	MBINATIONS A	\$316 (VAII ABI F)	
	MAP OR ON A FLOOD ING	SURANCE RATE MAP ZONE A, AE, A1-A30, AO, AH, A99, V, VE, V	'1-V30, S N			BLDG. DEDUCT. \$500	CONTS	DEDUCT. \$500	RATE TAE	BLE TYPE: 7	
لي	AR DUAL ZONES AR/AE, A	AR/AH, AR/AO, AR/A1-A30, AR/A? L' LYE			ı	* DEDUCT \$6.00 IF TOV		ZMUNNHUUSE (UNIUNUUNI	UNII;	
	AR DUAL ZONES AR/AE, A	AH/AH, AH/AO, AH/A1-A30, AH/A?	NS ARE	E NO.		ADD PROBAT	TION SUR	CHARGE, IF AF	PPLICABLE.		
W.	AR DUAL ZONES AR/AE, A				RAGE		TION SUR	CHARGE, IF AF	PPLICABLE.		
ATURE	AR DUAL ZONES AR/AE, A INSURANCE IS AVAILABLE U	INDER THIS APPLICATION ONLY IF THE ANSWERS TO THESE QUESTION	LANKE MY KI	ET COVER	DGE.	NOT PERMITTED) THE PROPERTY OWNE	ER AND I	UNDERSTAND	PPLICABLE.		
SIGNATURE	AR DUAL ZONES AR/AE, A INSURANCE IS AVAILABLE U	(ONE BUILDING PER POLICY - E HE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY	LANKE MY KI	ET COVER	DGE.	NOT PERMITTED) THE PROPERTY OWNE	ER AND I	UNDERSTAND DERAL LAW.	PPLICABLE.		

FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION FEMA FORM 81-67

WARNING TO AGENTS AND INSURANCE APPLICANTS

The National Flood Insurance Act of 1968, as amended, prohibits a flood insurance policy from being newly issued or renewed on a property officially declared as being in violation of Section 1316 of the Act.

NONDISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flooding event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us: to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Solicitation of your Social Security Number (SSN) is authorized under Executive Order 9397. Providing the SSN, as well as the other information, is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(B)

Solicitation of the Social Security Number (SSN) is authorized under provisions of Executive Order 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide for your precise identification.

GENERAL

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended), dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

AUTHORITY

Public Law 96-511, amended, 44 U.S.C. 3507; and 5 CFR 1320.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 15 minutes per response. Burden means the time, effort, and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006). **NOTE: Do not send your completed form to this address.**